

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD AND APPATATUS FOR UNIFYING MAC PROTOCOLS
Attorney Docket Number::	TENG3
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Taiwan
Status::	Full Capacity
Given Name::	Chao-Ming

Middle Name::

Family Name:: TENG

Name Suffix::

City of Residence:: Hsinchu

State or Province of Residence::

Country of Residence:: Taiwan

Street of Mailing Address:: 12F, No. 93, Shuei-Yuan St.

City of Mailing Address:: Hsinchu

State or Province of Mailing Address::

Country of Mailing Address:: Taiwan

Postal or Zip Code of Mailing Address:: 300

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Taiwan

Status:: Full Capacity

Given Name:: Kwang-Cheng

Middle Name::

Family Name:: CHEN

Name Suffix::

City of Residence:: Hsinchu

State or Province of Residence::

Country of Residence:: Taiwan

Street of Mailing Address:: 12F, No.93, Shuei-Yuan St.

City of Mailing Address:: Hsinchu

State or Province of Mailing Address::

Country of Mailing Address:: Taiwan

Postal or Zip Code of Mailing Address:: 300

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information**

Assignee Name:: INPROCOMM, INC.  
Street of Mailing Address:: 11F, No. 93, Shui Yuan St.  
City of Mailing Address:: Hsin Chu City  
State or Province of Mailing Address::  
Country of Mailing Address:: Taiwan  
Postal or Zip Code of Mailing Address::